

Assessor's ACCOUNT NUMBER: T \_\_\_\_\_

## INITIAL BUSINESS DECLARATION TO THE ASSESSOR OF TAXES, NEWPORT RI

In order to ensure the most accurate and equitable tax assessment, ALL businesses are required to fill out this form upon opening. Failure to provide this information will result in an estimated assessment levied against your business. **Please return this form to the Tax Assessor's Office, 43 Broadway, Newport RI 02840 at your earliest convenience.**

Business Name (DBA) \_\_\_\_\_

Business Location \_\_\_\_\_ Newport, RI

LLC or Owner's Name \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Business Phone \_\_\_\_\_

MAILING Address \_\_\_\_\_

Check here if  
Same as location \_\_\_\_\_

Nature of Business: (Retail, Service, Manufacturing, Transient Guest Facility Etc.) \_\_\_\_\_

If B&B, Inn or Guest House or other Transient Guest Facility, please indicate the number of:

Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_ Kitchens \_\_\_\_\_ List Other Amenities \_\_\_\_\_

**Date Business Opened (Or Will Open) in Newport, RI:** \_\_\_\_\_

Have you registered your business with the City Clerk? Yes  No

Please provide the original costs of all **FURNITURE, FIXTURES, EQUIPMENT, MACHINERY, TOOLS, COMPUTERS OR ANY OTHER ASSET** used in the day to day operations of your business. (Registered Motor Vehicles do not count towards your asset list.)

The State of Rhode Island dictates that **everything you use for your business has a value whether you purchased the item brand new, used, already owned it, found it, or it was gifted to you**, and if you fail to provide a value, you may be assessed using industry standards, which will result in a higher assessment.

\$ \_\_\_\_\_ .00

By initialing I am indicating that I fully understand that when I close or move my business out of NEWPORT, I must fill out a close of Business form OR provide a notarized letter to notify the Tax Assessor of such occurrence with 30 days. I recognize that failure to do so will result in my account remaining open and active on the tax rolls until such time paperwork is received in the Tax Assessor's office. I also understand that I may be responsible for all taxes and penalties that accrue until the paperwork is filed. I also acknowledge that I am responsible for the alerting the City of Newport's Tax Assessor's Office if my address changes, either in writing or via the City website.

Signature \_\_\_\_\_ Date \_\_\_\_\_